



State of Montana
DEPARTMENT OF CORRECTIONS
Montana Correctional Enterprises
Outside Vendor Authorization Form
(Use this form to purchase outside of MCE)

Division/Facility: _____ Requestor: _____

Montana Correctional Enterprises Outside Vendor _____

Contact:	Contact:
Date: Phone #	Date: Phone #
Item Description/specifications:	Item Description/specifications:
Unit Price:	Unit Price:
Delivery Date:	Delivery Date:
Remarks:	Remarks:

Justification to purchase from an outside vendor **See exceptions 5.2.3 (IV.C):** _____

I have justified purchase of the above item(s) from an outside vendor in accordance with *DOC Policy 5.2.3* and authorize purchase of said product(s) for use by this division or facility.

Signature: _____ Date: _____
(Authorized Division Administrator)

Forward this form to:
MCE Division Administrator
350 Conley Lake Road
Deer Lodge MT 59722